

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390115	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 07/17/2023
NAME OF PROVIDER OR SUPPLIER: JEFFERSON HEALTH - NORTHEAST STATE LICENSE NUMBER: 061801		STREET ADDRESS, CITY, STATE, ZIP CODE: 10800 KNIGHTS ROAD PHILADELPHIA, PA 19114		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
P 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an occupancy survey conducted on July 17, 2023, (conditional approval), and final approval granted on July 21, 2023, at Jefferson Health-Northeast, Torresdale Campus which included minor renovations to a Class One Imaging Room (Room 2333) and replacement of an existing diagnostic imaging unit (Serial Number: 1784), utilized for inpatients and outpatients services. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.</p>	P 0000		

(X6) DATE:



Certified End Page

JEFFERSON HEALTH - NORTHEAST

STATE LICENSE NUMBER: 061801

SURVEY EXIT DATE: 07/17/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY